

**\*106224\***

August-28-13 12:54:00 PM

**\*N900040100\***

Setup Start \*NS1\*

Stop \*NS2\*

**Start Date:** 8/28/13      **Start Qty:** 2.00      **\*2\***

**Cust Item ID:**

**Required Date:** 8/28/13      **Req'd Qty:** 2.00      **\*?\***

**Customer:**

**Reference:**

Run Start \*NR1\*

Approvals: Process Plan: MLJ Date: 12-08-30 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

**QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D3280	Rev E Dr 13/09/11								
100		0.00							
<b>*100*</b>	HAND FINISHING THERMOFORMING								
Thermoform	Memo	0.00				x2			DAS 07 89
Thermoforming Machine	Cut Blanks								13/09/12
105		0.00							
<b>*105*</b>	Dry Material								
HandThermo	Memo	0.00				x2			DAS 07 89
Hand Finishing Thermoforming	Dry Sheet as per QSI022 POLYCARBONATE								13/09/11
	Temp:	240° F							
	Time IN:	7:00 pm 13/09/11							
	Time OUT:	7:00 am 13/09/12							

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

# Work Order ID 106224

August-28-13 12:54:00 PM

**\*106224\***

Page 2

Item ID: D3280-3L02 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Floor Protector, RH  
 Start Date: 8/28/13 Start Qty: 2.00 **\*2\*** Cust Item ID:  
 Required Date: 8/28/13 Req'd Qty: 2.00 **\*2\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110		0.00							
<b>*110*</b>	THERMOFORMING MACHINE					x2			DA 07 13/09/12
Thermoform	Memo	0.00							
Thermoforming Machine	Thermoform as per Dwg. D3280 and Folio FTA 012 Dwg. Rev. <u>FD</u> Folio Rev. <u>FD</u>								
130		0.00							
<b>*130*</b>	HAND FINISHING THERMOFORMING					x2			DL 13/09/12
Thermoform	Memo	0.00							
Thermoforming Machine	Trim to Finished Dimensions								
140		0.00							
<b>*140*</b>	QC2- Inspect parts off machine FAI/FAIB					x2			DL 13/09/12
QC	Memo	0.00							
Quality Control									

*[Handwritten signature and date 13/09/12]*

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-between;"> <div>Rework <input type="checkbox"/></div> <div>Scrap <input type="checkbox"/></div> <div>Use-as-is <input type="checkbox"/></div> <div>Work Order Update <input type="checkbox"/></div> </div>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized  
☐ Over/Under tolerance  
☐ Part Incorrect  
☐ Part Lost/Missing  
☐ Part Moved  
☐ Positioned Wrong  
☐ Power Loss/Surge

☐ Pressure/Forced  
☐ Temperature/Cure  
☐ Weld  
☐ Wrong Stock Pulled  
☐ Other

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9/13-09-24

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized  
☐ Over/Under tolerance  
☐ Part Incorrect  
☐ Part Lost/Missing  
☐ Part Moved  
☐ Positioned Wrong  
☐ Power Loss/Surge

☐ Pressure/Forced  
☐ Temperature/Cure  
☐ Weld  
☐ Wrong Stock Pulled  
☐ Other

# Picklist Print

August-28-13 12:54:04 PM

Page 1

Work Order ID: 106224

\*106224\*

Parent Item: D3280-3L02

\*D3280-3L 02\*

Parent Item Name: Floor Protector, RH

Start Date: 8/28/13

Required Date: 8/28/13

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev. C Added colour code to D3280-3 11/03/03 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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MLEXS.093-F6006-02

Purchased

No

100

sf

394.1230

4.333

9.122105

**\*MI FXS 093-F6006-02\***

\*\*

GE PLASTICS LEXAN SHEET

Location

Loc Qty

Loc Code

therm

394.1230005

110877

26.9000009

122033

367.223

9.123 sq ft.

DAS  
07  
2-89

13/09/12

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
Material <input type="checkbox"/>																											
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Other <input type="checkbox"/>																											
Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							



<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	106224
<b>Description:</b> R22 Floor Protector, RH		<b>Part Number:</b>	D3280-3
<b>Inspection Dwg:</b> D3280 <b>Rev:</b> E		<b>Page 1 of 1</b>	

**FIRST ARTICLE INSPECTION CHECKLIST**  
**THERMOFORMING SECTION**

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than 0.1875" <i>N/A</i>	<i>✓</i>			
Shape Definition	<i>✓</i>			
Texture Retention	<i>✓</i>			
Material imperfections such as bumps, cracks, voids, scratching	<i>✓</i>			

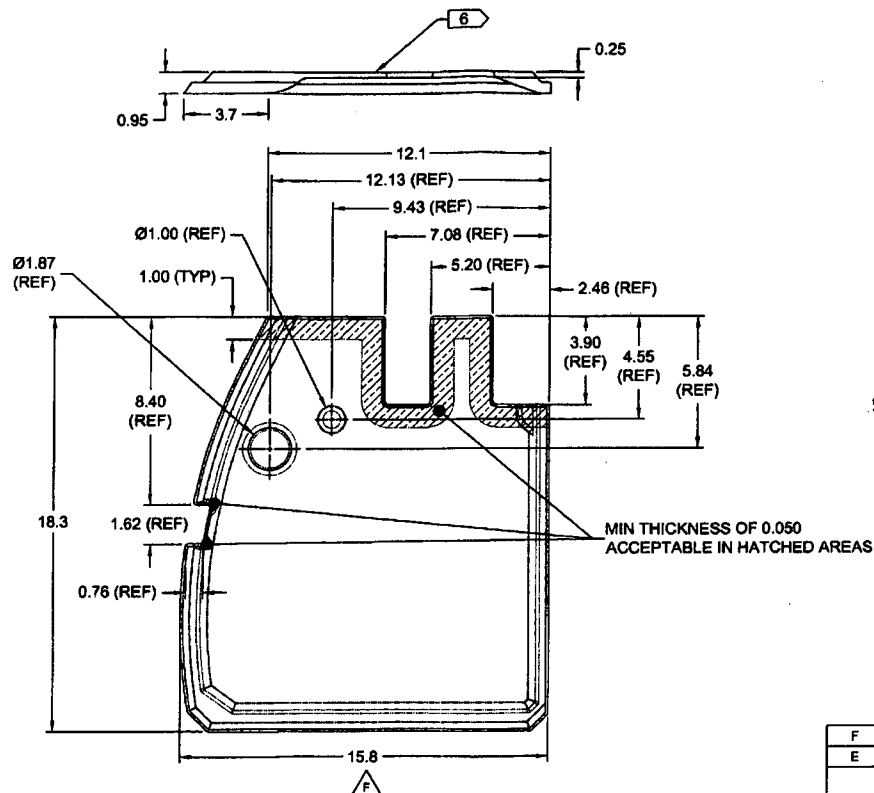
<b>Measured by:</b> <i>DL</i>	<b>Date:</b> 13/09/12
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**TRIMMING SECTION**

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
18.3	+/-0.100	18.375"	<i>✓</i>		TAPE DLOI	
15.8	+/-0.100	15.875"	<i>✓</i>		"	
12.1	+/-0.100	12.1"	<i>✓</i>		"	
0.95	+/-0.030	0.973"	<i>✓</i>		Visual TH-01	
0.25	+/-0.030	0.28"	<i>✓</i>		Visual TH-01	
0.070	Min	0.074"	<i>✓</i>		Visual TH-01	
0.050	Min	0.064"	<i>✓</i>		CAL TH-DT	

<b>Measured by:</b> <i>DAS</i>	<b>Date:</b> 13/09/12
<b>Audited by:</b> 9-89	<b>Date:</b> 13 9 20
<b>Preliminary Approval:</b>	<b>Date:</b>

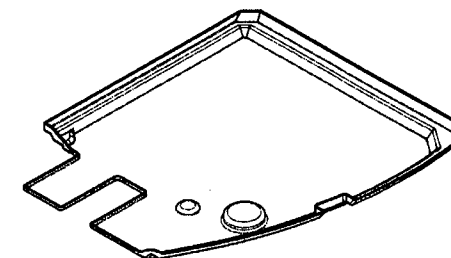
Rev	Date	Change	Revised by	Approved
A	08.01.16	New Issue	KJ/DL	
B	08.04.16	Dimensions updated per Dwg Rev D	KJ/DL	
C	11.04.28	Dwg Rev updated	KJ	<i>DL</i>



**D3280-1 FLOOR PROTECTOR**

**D3280-1 NOTES:**

- 1) MATERIAL: -1L02 = LEXAN F8006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)  
-1L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3280-1Lxx" AND B/N PER QSI 044 6.4
- 7) WEIGHT: D3280-1L02 = 0.94 lb D3280-1L08 = 1.13 lb
- 8) THERMOFORM WITH MOLD D3280-1T1 PER DART QSI 022; TRIM AS SHOWN  
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

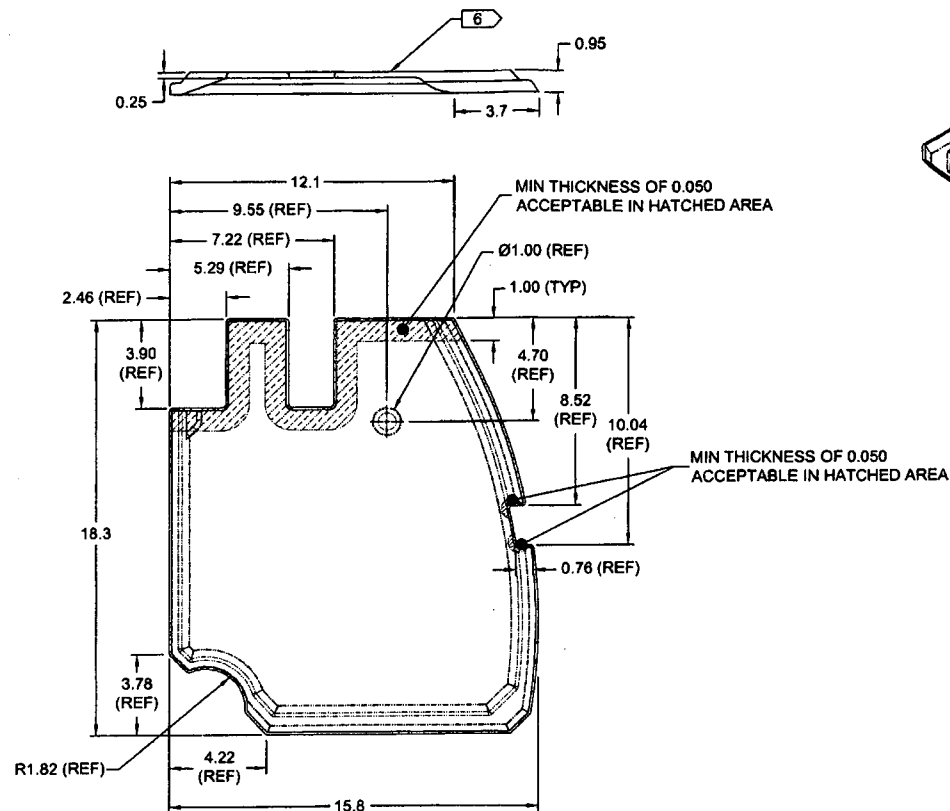


106224 MC  
13-08-30

**RELEASED**  
2013-02-19

F	REVISE DIM 16.0 TO 15.8 (ZN B5-1) AS PER CIR12-9	SFM	13.02.05
E	REVISE NOTES (ZN A8-1, A8-2)	RF	11.03.01
D	THICKNESS 0.093 WAS 0.125, MIN. THICKNESS 0.070 WAS 0.080, P/N & B/N ID WITH VIBRATING STYLUS (ZN A7-1, A7-2); CORRECT WEIGHTS (ZN A8-1, A8-2); HOLE SIZE Ø1.88 WAS Ø0.211 (ZN C7-1)	PH	08.03.28
C	UPDATE DIMS TO MATCH PARTS; COLOUR 701 WAS 700; GENERAL UPDATE	LE	07.10.12
B	NOW LEXAN; DIMS AS MANUFACTURED	CP	05.11.25
A	NEW ISSUE	CP	04.05.03
REV.	DESCRIPTION	BY	DATE
DESIGN	CP	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	SFM		
CHECKED	CP	DRAWING NO.	REV. F
MFG. APPR.	CP	D3280	SHEET 1 OF 2
APPROVED	CP	TITLE	SCALE
DE APPR.	CP	FLOOR PROTECTOR	NTS
DATE	13.02.05	COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY FORM OR BY ANY MEANS WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

100224



**D3280-3 FLOOR PROTECTOR**

**D3280-3 NOTES:**

- 1) MATERIAL: -3L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)  
-3L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3280-3Lxx" AND B/N PER QSI 044 6.4
- 7) WEIGHT: D3280-3L02 = 0.88 lb D3280-3L08 = 1.03 lb
- 8) THERMOFORM WITH MOLD D3280-3T1 PER DART QSI 022; TRIM AS SHOWN  
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

RELEASE  
2013-02-19

DESIGN	CP	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. F
MFG. APPR.		D3280	SHEET 2 OF 2
APPROVED		TITLE	SCALE
DE APPR.		FLOOR PROTECTOR	NTS
DATE	13.02.05	COPYRIGHT © 2004 BY DART AEROSPACE LTD	
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